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Application Number	09/492,133
Filing Date	January 27, 2000
First Named Inventor	Robert E. POLLIN
Art Unit	3626
Examiner Name	Alexander Kalinowski
Attorney Docket Number	2041.0010004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Robert E Pollin		
Signature	Robert E Pollin		
Date	4/7/2004	Telephone	301-987-0700 Ext 117

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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